

7 September 2004



**To:**

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450  
USA

**From:**

NAME OF APPLICANT: Daniel A. Katz  
US APPLICATION NUMBER: 10/710,379  
FILING DATE: 07/06/2004  
TITLE OF INVENTION: A WIRELESS LOCATION DETERMINING DEVICE

**Subject:**

Your NOTICE TO FILE MISSING PARTS letter dated 08/16/2004

Dear Sirs,

Your letter indicates additional \$369 fees, as following:

1. \$215 for 5 independent claims.
2. \$9 for 12 total claims over 20.
3. \$145 for multiple dependent claims.

In response, I would like to:

1. Cancel 5 independent claims: c27, c28, c29, c30 and c31.
2. Please note that we had 31 claims therefore paid for 11 claims over 20.
3. Change 2 multiple dependent claims: c9 and c10 to depend only on claim 1.

Thus, additional fees \$215 and \$145 will not be relevant any more, and according to my calculations a refund of  $9 \times 5 = \$45$  is due after canceling 5 claims.

Best Regards,

Daniel Katz  
87 Tzahal st.  
KIRIAT-ONO 55451  
ISRAEL

Enclosed please find:

- a. A copy of your NOTICE TO MISSING PARTS letter.
- b. The electronic receipt for filing the patent.


 FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of  
Invention**

A WIRELESS LOCATION DETERMINING DEVICE

Application Number:

Date:

First Named Applicant: Mr. Daniel A. Katz

Attorney Docket Number:

**TOTAL FEE AUTHORIZED \$484**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

**BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
Subtotal For Basic Filing Fee: \$385			

**EXTRA CLAIM FEES**

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims: 31	11	2202	9	99
Independent Claims: 0	0	2201	43	0
Subtotal For Extra Claims Fees: \$ 99				

**AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

*indicated fee collected* *IFW*

## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/710,379	07/06/2004	Daniel A. Katz	

Daniel Katz  
87 Tzahal st.  
Kiryat Ono, 55451,  
ISRAEL

CONFIRMATION NO. 4378

## FORMALITIES LETTER



\*OC000000013542712\*

Date Mailed: 08/16/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- Additional claim fees of \$369 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is \$369 for a Small Entity

- Total additional claim fee(s) for this application is \$369
  - \$215 for 5 independent claims over 3.
  - \$9 for 12 total claims over 20.
  - \$145 for multiple dependent claim surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
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*A copy of this notice **MUST** be returned with the reply.*